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U.S.PTO**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**7497 U.S.PTO
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020404

Applicant: Polzin, et al

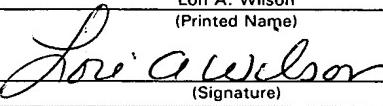
Title: SEPARABLE APPARATUS
TO CUSHION AND DAMPEN
VIBRATION AND METHOD

Prior Appl. No.: 10/099,145

Prior Appl.
Filing Date: 03/15/02

Examiner:

Art Unit:

<u>CERTIFICATE OF EXPRESS MAILING</u>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 979072893 US (Express Mail Label Number)	2/4/04 (Date of Deposit)
_____ Lori A. Wilson (Printed Name)	
 (Signature)	

Mail Stop PATENT APPLICATION
 Commissioner for Patents
 PO Box 1450
 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[] Continuation [] Division [X] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (30 pages).
- [X] Formal drawings (7 sheets, Figures 1-17).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to Trostel Specialty Elastomers Group, Inc..

- Assignment Recordation Cover Sheet.
- Check in the amount of \$40.00 for Assignment recordation.
- Information Disclosure Statement.
- Form PTO-1449 with copies of 40 listed reference(s).
- Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	<u>\$770.00</u>
Total Claims:	63	- 20	= 43	x \$18.00	<u>= \$774.00</u>
Independents:	6	- 3	= 3	x \$86.00	<u>= \$258.00</u>
If any Multiple Dependent Claim(s) present:				+ \$290.00	<u>= \$0.00</u>
				SUBTOTAL:	<u>\$1802.00</u>
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):					<u>\$0.00</u>
				TOTAL FILING FEE:	<u>\$1,802.00</u>

A check in the amount of \$1,802.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 02-02-04

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